

# D Y PATIL DENTAL SCHOOL

DEPARTMENT OF  
PUBLIC HEALTH DENTISTRY

# Primary Health Care Centre

# शासकीय प्राथमिक स्वास्थ्य केन्द्र - असी

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# INTRODUCTION

- A NEW APPROACH TO THE HEALTH CARE CAME IN EXISTENCE IN 1978 FOLLOWING AN INTERNATIONAL CONFERENCE AT ALMA-ATA(USSR) WHICH IS KNOWN AS PRIMARY HEALTH CARE
- DEF—”PRIMARY HEALTH CARE IS ESSENTIAL HEALTH CARE MADE UNIVERSALLY ACCESSIBLE TO INDIVIDUALS AND ACCEPTABLE TO THEM THROUGH THEIR FULL PARTICIPATION AND AT A COST THE COUNTRY AND COMMUNITY CAN AFFORD”

# 8 ESSENTIAL COMPONENTS

- EDUCATION CONCERNING PREVAILING HEALTH PROBLEMS AND METHODS OF CONTROLLING AND PREVENTING THEM
- PROMOTION OF FOOD SUPPLY AND PROPER NUTRITION
- AN ADEQUATE SUPPLY OF SAFE WATER AND SANITATION
- MATERNAL AND CHILD HEALTH CARE INCLUDING FAMILY PLANNING
- IMMUNISATION AGAINST MAJOR INFECTIOUS DISEASE
- PREVENTION AND CONTROL OF ENDEMIC DISEASE
- PROVISION OF ESSENTIAL DRUGS

# PRINCIPLES

## 1. EQUITABLE DISTRIBUTION

- THE KEY PRINCIPLE IS EQUITY OR EQUITABLE DISTRIBUTION OF HEALTH SERVICE

## 2. COMMUNITY PARTICIPATION

- THERE MUST BE MEANINGFUL INVOLVEMENT OF THE COMMUNITY IN PLANNING IMPLEMENTATION AND MAINTENANCE OF HEALTH SERVICE

## 3. INTERSECTORAL COORDINATION

- IT INVOLVES IN ADDITION TO THE HEALTH SECTOR ALL RELATED SECTORS AND ASPECTS OF NATIONAL AND COMMUNITY DEVELOPMENT IN PARTICULAR AGRICULTURE, ANIMAL HUSBANDRY, FOOD INDUSTRY AND EDUCATION, HOUSING, PUBLIC WORKS

## 4. APPROPRIATE TECHNOLOGY

- DEFINED AS TECHNOLOGY THAT IS SCIENTIFICALLY SOUND, ADAPTABLE TO LOCAL NEEDS AND ACCEPTABLE TO THOSE WHO APPLY IT AND FOR WHOM IT IS USED AND THAT CAN BE MAINTAINED BY THE PEOPLE THEMSELVES IN KEEPING WITH THE PRINCIPLE OF SELF RELIANCE WITH THE RESOURCE THE COMMUNITY AND COUNTRY CAN AFFORD

# PRIMARY HEALTH CARE IN INDIA



- IT WAS INTRODUCED IN 1977 BY THE GOVERNMENT OF INDIA BASED ON THE PRINCIPLE OF “PLACING PEOPLE’S HEALTH IN PEOPLE’S HAND”

- **BASED ON 4 TIER SYSTEM OF SERVICE PROVIDED AT THE LEVEL OF VILLAGE, THE SUB CENTRE, THE PHC AND THE CHC**

# AT VILLAGE LEVEL

- VILLAGE HEALTH GUIDES SCHEMES
- THE HEALTH GUIDE IS A PERSON WITH AN APTITUDE FOR SOCIAL SERVICE AND IS NOT A GOVERNMENT FUNCTIONARY
- THE DUTIES ASSIGNED INCLUDE-----
- TREATMENT OF SIMPLE MEDICAL AILMENTS
- MOTHER AND CHILD HEALTH INCLUDING FAMILY PLANNING
- HEALTH EDUCATION
- SANITATION

- **TRAINING OF LOCAL DAIS**
- **UNDER RURAL HEALTH SCHEME PROGRAMMES HAVE BEEN UNDER TAKEN TO TRAIN LOCAL DAIS TO IMPROVE THEIR KNOWLEDGE IN THE ELEMENTARY CONCEPT OF CHILD HEALTH AND STERLIZATION**

- **ANGANWADI WORKERS**
- **THERE IS AN ANGANWADI WORKER FOR EVERY THOUSAND POPULATION**
- **SERVICES RENDERED INCLUDES HEALTH CHECK UP, IMMUNISATION, SUPPLEMENTARY NUTRITION AND HEALTH EDUCATION**

# SUB CENTRE LEVEL

- IT IS PERIPHERAL OUT POST OF THE EXISTING HEALTH DELIVERY SYSTEM IN RURAL AREAS
- THE FUNCTIONS ARE LIMITED TO MOTHER AND CHILD CARE, FAMILY PLANNING AND IMMUNISATION



# PRIMARY HEALTH CENTRE LEVEL (PHC)

- FUNCTIONS OF PHC ARE
  - MEDICAL CARE
  - SAFE WATER SUPPLY AND BASIC SANITATION
  - EDUCATION ABOUT HEALTH
  - TRAINING OF HEALTH GUIDES, HEALTH WORKERS, LOCAL DAIS AND HEALTH ASSISTANTS
  - BASIC LABORATORY SERVICE

# COMMUNITY HEALTH CENTRE LEVEL (CHC)

- THESE ARE ESTABLISHED BY UPGRADING THE PHC'S
- THEY COVER 80,000 –1,20,000 OF POPULATION WITH 30 BEDS AND SPECIALITIES IN SURGERY, MEDICINE, OBSTETRICS AND GYANECOLOGY AND PEADRITIC WITH LABROTARY FACILITIES

# CONCLUSION

- PRIMARY HEALTH CARE CENTRE IS CONCERNED WITH MAIN HEALTH PROBLEMS OF COMMUNITY, PROVIDING PROMOTIVE, PREVENTIVE, CURATIVE AND REHABILITATIVE SERVICES

THANK YOU.....